

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DER.	IND.	DER.	IND.	DER.
1	1	1	1		
2	1		1		
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49					
50					
TOTAL IND.					
TOTAL DER.					
TOTAL CLAIMS					

TOTAL CLAIMS		TOTAL DER.		TOTAL IND.		TOTAL	
51	IND.	DER.	IND.	DER.	IND.	DER.	IND.
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS